

## **Providing and Receiving Feedback: It Takes Two to Tango!**

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Effective feedback is essential for maximizing learning, improving teacher effectiveness, and ensuring optimal team performance. Despite how critical feedback is to patient care, many educators find it difficult to provide feedback, and learners sometimes feel uncomfortable receiving feedback.

Given these challenges, what steps should be taken to create a culture of feedback, and what specific strategies should be incorporated into practice to help educators engage in these conversations?

**Response from Jonathan Swanson, MD, Department of Radiology, University of Washington, Seattle, Washington**

Giving feedback can feel like a high-stakes interpersonal encounter—because it is. But the good news is that learners want this critical feedback more than you think, and a little structure to your feedback goes a long way.

**Four Specific Strategies for Giving Effective Feedback**

- Give negative feedback: We hesitate, worrying we disappoint our trainees with critical feedback. I often hear, “This new generation only wants blue ribbons.” In fact, research suggests the opposite: Learners crave feedback, preferring negative feedback (done well) twice as much to positive [1]. The same research suggests this desire spans generations, millennial to the seasoned.
- Feedback can be quick: The task of feedback can feel erroneously lengthy. Feedback can effectively be done in chunks. As I have learned from health educators while raising two boys, it can be a little like talking to your child about sex—it only takes a “minute of courage.” Time is not the problem.
- Use a structured approach: Throw out the feedback “sandwich” [2]. Instead, start by asking if the resident is ready for feedback. Just your initial question formalizes the process. This creates buy-in from the resident as he or she agrees to hear it. Choose only one area to provide feedback to create focus and attention, making feedback manageable and achievable.
- Use a mantra: There are specific phrases for feedback that increase the likelihood for change, in part because these phrases can set the right tone for feedback. Try something

like this: “I am giving you these comments because I have very high expectations and I know that you can reach them.” With this approach, you create belonging and accountability, letting learners know they are part of this group, that this group is special, and that you believe in their potential. In fact, the use of this exact phrase correlates with a significant increase in likelihood of positive change after feedback [3].

**Response from Richard B. Gunderman, MD, PhD, Department of Radiology and Imaging Sciences, Indiana University School of Medicine, Indianapolis, Indiana**

I sometimes think that we should dispense with the concept of feedback entirely. Many of us learned to think of it in terms of a feedback loop, routing outputs back to inputs to regulate performance. For example, cruise control systems on cars monitor rate of travel and provide positive or negative feedback to maintain a specified speed.

In radiology practice, there are several problems with such mechanical models of feedback. They imply that outputs are known in advance, that feedback flows in one direction, and that only an external observer can assess performance. In the contemporary practice of radiology, all three are wrong, or at least inadequate and misleading.

First, although we may be able to devise metrics of radiologist performance, many contribute in ways that are difficult to measure. For example, two radiologists whose “dashboards” appear equal may differ markedly in terms of their professional fulfillment, the quality of relationships they build, and their overall effect on morale.

Second, performance appraisal should be bidirectional and iterative. Those responsible for providing feedback need not just talk but also listen. A series of dialogues over time can often deepen mutual understanding and collaboration between teacher and student or supervisor and employee far more effectively than standard top-down, one-way reviews.

Finally, effective leaders often redirect their energies from providing feedback to helping others become more observant, reflective, and creative appraisers of their own performance. No one knows the work better than the person doing it, and as a worker’s understanding and commitment to excellence deepen, the necessity for external

feedback diminishes apace. To paraphrase the ancient Chinese philosopher Lao-Tze, great leaders aim not at great feedback but instead enabling us to think, “We study our work and improve it ourselves.”

**Response from Anuradha Shenoy-Bhangle, MD, Department of Radiology, Beth Israel Deaconess Medical Center, Boston, Massachusetts**

Providing and receiving effective feedback can be challenging. Although providing positive feedback is often easy, providing negative feedback can be an uncomfortable process for both the clinical educator and the trainee. Moreover, feedback that is not specific is futile because the learner is unable to appropriately reflect and implement change moving forward. Creating an environment where trainees can learn from their mistakes necessitates that faculty embrace a just culture and hone their skills at giving formative feedback.

First, one must ensure that the conversation is conducted in a confidential space that allows for an honest exchange without using a confrontational or accusatory tone. Opening the conversation on a positive note and commenting on good traits or a job well done helps set the trainee at ease for additional discussions. Second, asking the trainee to provide insight into the topic under discussion can give him or her an opportunity to advocate his or her view point first.

The tougher conversation involves providing feedback regarding a repetitive behavioral issue raised by multiple sources. Keeping power dynamics in mind, a gentle but unbiased approach including specific examples is more beneficial than a vague approach. Offering to provide constructive solutions can help the trainee find new ways to improve his or her behavior. For example, if a trainee repeatedly does not complete the mandatory ACGME surveys, suggesting that he or she set aside a small amount of time every weekend to complete these surveys in advance—however boring this may seem—might help the trainee take ownership.

Using a team approach can also help trainees feel that you have their best intentions in mind. For example, if there is a concept they are struggling with, offering solutions by saying “I know many of the first-year residents find this concept challenging, so we should

discuss this at our next noon conference” may help them feel that they are not alone or deficient.

Lastly, it is important to set an expectation from the get-go that openness to receiving feedback, both positive and negative, is a priority for all. Although hearing negative feedback can be discouraging, establishing a culture wherein trainees and educators both expect to hear constructive feedback helps ensure that the feedback conversation happens regularly—as they say, “It takes two to tango!”

## **SUMMARY**

In summary, constructive feedback is important for ensuring optimal individual and team performance. Feedback conversations should be bidirectional and ongoing, establishing a mutual collaboration between trainees and educators that can lead to positive change. Self-reflection also plays an important role in the feedback process and can promote performance improvement. Finally, it is important to keep in mind the purpose—the “why”—for giving and receiving feedback: to promote positive change. I invite you to set the tone on your next feedback conversation with the phrase from Dr Swanson’s commentary—“I am giving you these comments because I have very high expectations and I know that you can reach them”—and to feel the fulfillment of a positive feedback experience.

## **REFERENCES**

1. J. Zenger, J. Folkman Your employees want the negative feedback you hate to give. Harvard Business Review
2. Available at: <https://hbr.org/2014/01/your-employees-want-the-negative-feedback-you-hate-to-give>, Accessed 11th Mar 2019
- A. Grant Stop serving the feedback sandwich
3. Available at: <https://medium.com/@AdamMGrant/stop-serving-the-feedback-sandwich-bc1202686f4e>, Accessed 11th Mar 2019
4. D.S. Yaeger, V. Purdie-Vaughns, J. Garcia, N. Apfel, *et al.* Breaking the cycle of mistrust: wise interventions to provide critical feedback across the racial divide
5. J Exp Psychol Gen, 143 (2014), pp. 804-824